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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Seiichi Araki et al.
Serial No.: 10/506,631
Confirmation No.: 5167
Filed: 04/11/2005
For: A MEDICAMENT CONTAINING A RIBOFLAVIN
COMPOUND

Examiner: Graffeo, Michel
Art Unit: 1614

Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: December 27, 2006


Nicole Millette Hawes

AMENDMENT

Mail Stop AF
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P.O. Box 1450
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Sir:

INTRODUCTORY COMMENTS

In response to the Final Office Action dated October 5, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



AF
JFW

PTO/SB/21 (07-06)
Approved for use through 09/30/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/506,631-Conf. #5167
		Filing Date	April 11, 2005
		First Named Inventor	Seiichi Araki
		Art Unit	1614
		Examiner Name	M. Graffeo
Total Number of Pages in This Submission		Attorney Docket Number	T0509.70011US00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Roque El-Hayek		
Date	December 27, 2006	Reg. No.	55,151

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Dated: December 27, 2006	Signature: (Nicole Millette Hawes)